



U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

Omniscience

**DECLARATION AND POWER OF ATTORNEY**

ATTY. DOCKET NO.  
11010/18

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **METHOD AND APPARATUS FOR ULTRASONIC MEDICAL TREATMENT IN PARTICULAR FOR DEBULKING THE PROSTATE** the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

**PRIOR UNITED STATES APPLICATION(S)**

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE (day, month, year)	STATUS (i.e. Patented, Pending, Abandoned)
60/178,901	January 28, 2000	Pending
60/157,824	October 5, 1999	Pending

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys:

**Richard L. Mayer (Reg. No. 22,490)**

**Richard R. Rosati (Reg. No. 31,792)**

**Michael E. Stimson (Reg. No. 41,333)**

Express Mail No.: EL03979784US

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**KENYON & KENYON**  
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New York, New York 10004  
(212) 425-7200 (phone)  
(212) 425-5288 (facsimile)

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME <b>RABINER</b>	FIRST GIVEN NAME <b>Robert</b>	SECOND GIVEN NAME <b>A.</b>
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Signature

Date


*July 20/00*

FULL NAME OF INVENTOR	FAMILY NAME <b>HARE</b>	FIRST GIVEN NAME <b>Brad</b>	SECOND GIVEN NAME <b>A.</b>
RESIDENCE & CITIZENSHIP	CITY <b>Chelmsford</b>	STATE OR FOREIGN COUNTRY <b>Massachusetts</b>	COUNTRY OF CITIZENSHIP <b>United States</b>
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FULL NAME OF INVENTOR	FAMILY NAME <b>FISCHER</b>	FIRST GIVEN NAME <b>David</b>	SECOND GIVEN NAME <b>M.</b>
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Signature		Date	
FULL NAME OF INVENTOR	FAMILY NAME <b>LEVINE</b>	FIRST GIVEN NAME <b>Andy</b>	SECOND GIVEN NAME
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Signature 		Date <b>7/26/00</b>	
FULL NAME OF INVENTOR	FAMILY NAME <b>MEADE</b>	FIRST GIVEN NAME <b>John</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>Mendon</b>	STATE OR FOREIGN COUNTRY <b>Massachusetts</b>	COUNTRY OF CITIZENSHIP <b>United States</b>
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Signature <i>David Fischer</i>		Date <b>7/28/2000</b>	
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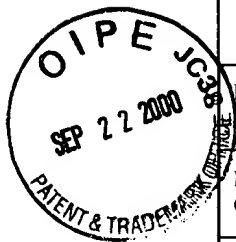
*July 20/00*

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Signature <i>John Meade</i>		Date <i>7/26/2000</i>	